07105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(95-2)

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Stillpond
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Kent

City or town Stillpond Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clara Anderson

3. (b) Social Security Number

4. Sex Female

5. Color or race Col.

6. (a) Single, married, widowed, or divorced

6 (b) Name of ~~husband~~ or ~~wife~~ John Everett

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) July 1 1880

8. AGE: Years 59 Months Days 13 If less than one day ___ hrs. ___ min.

9. Birthplace Kent Co
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Comegys
13. Birthplace Militoda

MOTHER
14. Maiden name unknown
15. Birthplace unknown

16. Informant John Everett
Address near Still Pond Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 14 1939
(month) (day) (year)

Cemetery or crematory Kent Co Alms House

Location

18. Funeral director B R Fellows
Address Still Pond Md.

19. July 14 1939 J Pleach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1939, at 12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1939, to July 10 1939, and that I last saw her alive on July 10 1939.

Immediate cause of death Cardio Nephritis

DURATION 1939

Due to

Due to

Other conditions General Anasarca

Jun 10/39

(Include pregnancy within 8 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M.D.
M. D. or other

Address Chesterlawn R.R. 2 Date signed July 14/39

VS A15 (T) (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1939
BUREAU V. S.

07106

STATE OF MARYLAND
CERTIFICATE OF DEATH

(131)

Registration Dist. No. 200

1 PLACE OF DEATH

County Kent

Village or City Near Galena (No. ____ St.: ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charity Briscoe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: May 28 (Month) (Day), 1886 (Year)

7 AGE: 53 yrs. 2 mos. 23 ds. If LESS than 1 day ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business, or establishment in which employed or (employer) ____

9 BIRTHPLACE (State or country): Galena maryland

PARENTS

10 NAME OF FATHER: Alford Carroll

11 BIRTHPLACE OF FATHER (State or country): Galena maryland

12 MAIDEN NAME OF MOTHER: Emma L. Carroll

13 BIRTHPLACE OF MOTHER (State or Country): Galena maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Viola Hackett

(Address) Galena maryland

15 Filed 7/31/39 192 M. Bess Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 31, 1939 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 2 1939 to July 31, 1939, that I last saw her alive on July 30, 1939, and that death occurred on the date stated above, at 11 A. m.

The CAUSE OF DEATH * was as follows:

Uremia

(Duration) ____ yrs. ____ mos. 10 ds.

Contributory Secondary: Chr. Interstitial Nephritis Aortic Insufficiency

(Duration) 1 yr. ____ mos. ____ ds.

(Signed) James L. Johnson M.D.

July 31 1939 (Address) Elkton, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL OR REMOVAL: Alsop Hill

DATE OF BURIAL: August 4 1939

20 UNDERTAKER: Sarah G. Moore

ADDRESS: Middletown Del

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

RECEIVED AUG 5 1939

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8)

07107

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Colored St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Kent
City or town: Chestertown Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Cann

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Still Born

6 (b) Name of husband or wife: —
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 26, 1939

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace: Chestertown Md
(Town, county, and state)
10. Usual occupation: None
11. Industry or business: None

FATHER
12. Name: Hayward Cann
13. Birthplace: Chestertown Md

MOTHER
14. Maiden name: Nancy Barrett
15. Birthplace: Kent Co Md

16. Informant: Hayward Cann
Address: Chestertown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 27 1939 (month) (day) (year)
Cemetery or crematory: Colored Cemetary
Location: Near Chestertown Md

18. Funeral director: Hayward Cann Father
Address: Chestertown Md

19. July 27 1939 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1939, at 3:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death: Still Born
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: No Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frank Hines. Medical Examiner
M. D. or other
Address: Chestertown Md Date signed July 27 39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 1 1939
BUREAU V. S.

07108

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Kent (WITHIN CORPORATE LIMITS OF) Registration Dist. No. 202

Village or City Chestertown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ann Cooper If U. S. Veteran, specify WAR

(a) Residence: No. 1536 W. High St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel E. Cooper

6. DATE OF BIRTH (month, day, and year): Jan 2 1869

7. AGE: Years 70 | Months 6 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Caroline Co. Md.

FATHER

13. NAME: Wm E. Patrick

14. BIRTHPLACE (city or town) (State or country): Caroline Co. Md.

MOTHER

15. MAIDEN NAME: Mary Hannah Bedwell

16. BIRTHPLACE (city or town) (State or country): Caroline Co. Md.

17. INFORMANT (Address): Mr Samuel E. Cooper Chestertown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Chester Cem Date: 7/7, 1939

19. UNDERTAKER (Address): Marvin V. Williams Chestertown Md.

20. FILED July 7, 1939. Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from March 21, 1936, to July 4, 1939

I last saw her alive on July 4, 1939, death is said to have occurred on the date stated above, at 2:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	Several yrs

Other Contributory Causes of Importance:

Cardio Renal Disease	several yrs

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank Hines M. D.

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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AUG 1 1939
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 201

CERTIFICATE OF DEATH

(1248)

07109

1. PLACE OF DEATH:

(a) County Kent

(b) City or town Betterton Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Kent

(c) City or town Betterton (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilhelmina Lewis Emerson

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex Female

5. Color or race W.

6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~. Widowed.

6 (b) Name of husband or ~~wife~~ Arthur Emerson

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1868

8. AGE: Years 70 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Samuel R Warren

13. Birthplace Maryland

MOTHER 14. Maiden Name Emely L Porter

15. Birthplace Maryland.

16 (a) Informant Mrs Moore

(b) Address Betterton Md.

17 (a) Still Pond. (Burial, cremation, or removal) (b) Date thereof July 20/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Still Pond md

Location

18 (a) Funeral director B R Fellows

(b) Address Still Pond md.

19 (a) July 20/39 (Date rec'd by registrar) (b) J Melcalf Registrar

MEDICAL CERTIFICATION

20. Date of death July 17 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1939, to July 17th 1939, and that I last saw her alive on July 17th.

Immediate cause of death Endocarditis.

Due to

Due to

Other conditions Cirrhosis of Liver

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. P. Atwell M. D. or other

Address Still Pond Date signed 7/19/39.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07110

1. PLACE OF DEATH (93c)

County Kent. Registration Dist. No. 201

Village or City Kennedyville, Md. No. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William Ervin If U. S. Veteran, specify WAR —

(a) Residence: No. ___ St., ___ Ward. —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Mary Emma Ervin.

6. DATE OF BIRTH (month, day, and year) Nov 24 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	82	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fraction Company Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Kennedyville (State or country) Maryland.

FATHER

13. NAME Captain J Ervin

14. BIRTHPLACE (city or town) Unknown (State or country) " "

MOTHER

15. MAIDEN NAME Mary Webb

16. BIRTHPLACE (city or town) Kent Co (State or country) Maryland

17. INFORMANT Mrs Lizzie Scottery (Address) Kennedyville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Galena Md. Date July 12, 1939

19. UNDERTAKER B R Fellows (Address) Still Pond Md

20. FILED July 10, 1939 J. W. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1939, to July 9, 1939

I last saw him alive on July 8, 1939; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: My Cas Ectis — Date of onset: Second Jan

Other Contributory Causes of importance: Arterio Sclerosis — Date of onset: no. Jan

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank Hines M.D.

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(M) (I) (T.)

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1928
U. S. BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07111

STATE OF MARYLAND—CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

County Kent Registration Dist. No. 202.

Village or City Andelot Farms Inc. No. Worton R R St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Humphreys U.S. Veteran, specify WAR

(a) Residence: No. Worton R.R. Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stewart Orgaine

6. DATE OF BIRTH (month, day, and year) Nov. 6 1854

7. AGE Years 84 Months 8 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Churchtown. Salem (State or country) New Jersey

FATHER

13. NAME John W. Humphreys.

14. BIRTHPLACE (city or town) Salem Co. (State or country) New Jersey

MOTHER

15. MAIDEN NAME Hannah Dolbow

16. BIRTHPLACE (city or town) Salem Co. (State or country) New Jersey.

17. INFORMANT Albert O. Humphreys (Address) Worton R.R. Md

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington Del Date July 20, 1939

19. UNDERTAKER William Worrell (Address) Kenneth Square. Pa

20. FILED July 17, 1939 Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Mar 1st, 1939, to July 17, 1939.

I last saw him alive on July 17, 1939; death is said to have occurred on the date stated above, at 2:45 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Osteosarcoma of Right Shoulder	Feb. 1938
Other Contributory Causes of importance:	
Secondary Anemia	Mar 1st 39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank W. Smith M. D.

(Address) Chestertown R.R.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 1 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07112

1. PLACE OF DEATH (186-a)

County Kent Registration Dist. No. 200

Village or City Millington No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred about 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Louise Hurlock

(a) Residence: No. Millington, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Hurlock.

6. DATE OF BIRTH (month, day, and year) October 12 - 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Smyrna (State or country) Delaware

FATHER

13. NAME James S. Crawford.

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Annie R. (unknown)

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT William E. Pippin (Address) Millington Md.

18. BURIAL, CREMATION, OR REMOVAL Removal

Place Smyrna, Del. Date July 20, 1939

19. UNDERTAKER J. Wells Fairbrother (Address) Smyrna Del

20. FILED July 18, 1939 Harriett Brice Deputy Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 17th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939, to July 17th, 1939

last saw her alive on July 17th, 1939; death is said to have occurred on the date stated above, at 10 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Mitral Stenosis aggravated by the fracture of her shoulder joint, which never got entirely well. Q.V.S.R. Fracture of right humerus, at shoulder joint.	June 1, 39

Other **Contributory Causes** of Importance:

Old age, and Contusion of Scalp, due to an accidental fall, on concrete walk, on street.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accidental Date of Injury May 6th, 1939

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. On street.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. F. Coleman M. D.

(Address) Millington

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 5 19[illegible]
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (73-1)

07113

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town "Woodland Hall" Mt Vernon Grove

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Mt Vernon Grove Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Galena R D #2

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Sophie C. Hutt

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Edmon S. Hutt

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Nov 17 1864

8. AGE: Years 74 Months 7 Days 23 If less than one day ____hrs. ____min.

9. Birthplace Galena Kent Co. Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home.

FATHER 12. Name Cornelius J. Scott

13. Birthplace Galena Kent Co. Md.

MOTHER 14. Maiden name Mary Ellen Kennard

15. Birthplace Galena Kent Co. Md.

16. Informant Mrs. Elizabeth H. Hackett

Address Chestertown Kent Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15 39 (month) (day) (year)

Cemetery or crematory Shrewsbury P.E. Church

Location Mt Vernon Grove Kent Co. Md.

18. Funeral director Morris L. Wallis

Address Chestertown Kent Co. Md.

19. July 15 1939 (Date rec'd by registrar) J.W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939, at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1939 to July 12 1939, and that I last saw h-er alive on July 11 1939.

Immediate cause of death Cerebral Thrombosis — DURATION 12 Days

Due to Arteriosclerosis

Due to

Other conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David Price M. D.

Address Chestertown Md. Date signed July 12 1939

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07114

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

WITHIN CORPORATE LIMITS

County Kent

Registration Dist. No. 202

Village or City Chestertown No. High St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Virginia Sparks If U. S. Veteran, specify WAR

(a) Residence: No. Chestertown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Arlington L. Sparks

6. DATE OF BIRTH (month, day, and year) March 23, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) 7/28/39

11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Kent County

FATHER

13. NAME Charles Jewell

14. BIRTHPLACE (city or town) (State or country) Kent County

MOTHER

15. MAIDEN NAME Patricia Pippin

16. BIRTHPLACE (city or town) (State or country) Kent County

17. INFORMANT (Address) Arlington L. Sparks Husband

18. BURIAL, CREMATION, OR REMOVAL

Place Chester Date Aug. 3, 1939

19. UNDERTAKER Ralph H. Hinton Inc.

(Address) By J. Willis Wells Chestertown, Md

20. FILED Aug. 2, 1939 Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 31, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1939, to 7-31, 1939

I last saw her alive on 7-31, 1939; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coma	
Arterial hypertension	
Cerebral hemorrhage	7-31-39
Other Contributory Causes of Importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an au'opsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. Hall W. Faw M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(186a)

07115

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County: Kent County

City or town: Near Galts.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): Six months.

Stay in this community (yrs., or mos., or days): Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME: Elphonzia Starkey

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: John Starkey

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 74 | Months 3 | Days 9 | If less than one day _____ hrs. _____ min.

9. Birthplace: Queen Anne County
(Town, county, and state)

10. Usual occupation: Housewife Md.

11. Industry or business

FATHER
12. Name: John Boyles
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Rebecca
15. Birthplace: Maryland

16. Informant: Earle Starkey

Address: Millington

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 30-39 (month) (day) (year)

Cemetery or crematory: Templeville Cemetery

Location: Templeville, Queen Anne Co.

18. Funeral director: Ralph Hilton Corp.

Address: Chestertown, Md.

19. July 27- 1939 (Date rec'd by registrar) Merritt Brice Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26. 1939, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1939, to July 25 1939, and that I last saw her alive on July 25 1939.

Immediate cause of death: Exhaustion

Due to: Chronic Brights

Due to: _____

Other conditions: Fractured Hip; due to an accidental fall. CWSR.
(Include pregnancy within 8 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident. Date of: July 10, 1939

Where did injury occur? in her home. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): fell from steps.

Means of injury _____ Injured at work?

23. SIGNATURE: J. P. Strong M.D.
M. D. or other

Address: Millington, Md. Date signed: 7-26-39.

RECEIVED
AUG 5 1939
BUREAU V. S.

07116

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(59)

Reg. Dist. No. 200

1. PLACE OF DEATH:

County: Kent

City or town: (Near) Millington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): All life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: (Near) Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Eva Della Wallace

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Wallace

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Oct. 8. 1877

8. AGE: Years 62 | Months 9 | Days 9 | If less than one day ___ hrs. ___ min.

9. Birthplace: Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Henry Anthony
13. Birthplace: Md

MOTHER
14. Maiden name: Sarah Sylvester
15. Birthplace: Md

16. Informant: Howard Anthony

Address: Millington, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: July 19-39
(month) (day) (year)

Cemetery or crematory: Millington Cemetery

Location: Millington Md

18. Funeral director: W. H. Good

Address: Church Hill. Md

19. July 18 1939
(Date rec'd by registrar)

M. Bruce
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17 1939, at 11 50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1- 1936, to July 17 1939, and that I last saw her alive on July 17 - 1939.

	DURATION
Immediate cause of death: Diabetic Coma	24 hours
Due to: Diabetes	1930
Due to:	
Other conditions: Chr. Interstitial Nephritis	1934

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Merritt Brice
M. D. or other

Address: Millington, Md Date signed: July 18-39

VS A15

(T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1939
BUREAU V. S.

07117

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Greene Lane

Stay in hospital or inst. (yrs., or mos., or days): 1938 - Sept. to Nov.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Catherine Whaland

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel C. Whaland.

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Sept. 19 1890

8. AGE: Years 48 Months 10 Days 0 If less than one day ___ hrs. ___ min.

9. Birthplace: Baltimore Maryland
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: home

FATHER
12. Name: George Martin
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden name: Ida Barrett
15. Birthplace: Balto Md.

16. Informant: George Fohs.

Address: Rock Hall Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/21/39 (month) (day) (year)

Cemetery or crematory: Wesley Chapel Cemetery

Location: Rock Hall Maryland.

18. Funeral director: Marvin L. Williams

Address: Chestertown Md.

1939 July 20 1939 Mrs. T. B. Dowding
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1939, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov - 1938, to July 19 1939, and that I last saw her alive on July 19 1939.

Immediate cause of death: Chronic Endocarditis — DURATION 1938

Due to: Chronic Nephritis — 1938

Due to:

Other conditions: General Anaesthesia
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Frank W. Smith
M. D. or other

Address: Chestertown Rd Date signed: July 19/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2
BUREAU V. S.